

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Correction

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DATE	
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U.S.O.B.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator
Alpha Twenty-One Production Company

Address
2100 First National Bank Building, Midland, Texas 79701

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name Toni	Well No. 1	Pool Name, Including Formation Nadine Drinkard Abo	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>H</u> ; <u>1980</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>19S</u> Range <u>38E</u> , NMPM, <u>LEA</u> County					

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) P. O. 175, Artesia, New Mexico 88210												
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)												
If well produces oil or liquids, give location of tanks.	<table border="1"> <tr> <td>Unit</td> <td>Sec.</td> <td>Twp.</td> <td>Rgs.</td> <td>Is gas actually connected?</td> <td>When</td> </tr> <tr> <td>H</td> <td>22</td> <td>19S</td> <td>38E</td> <td>No</td> <td></td> </tr> </table>	Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When	H	22	19S	38E	No	
Unit	Sec.	Twp.	Rgs.	Is gas actually connected?	When								
H	22	19S	38E	No									

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Some Restv. <input type="checkbox"/>	Diff. Res. <input type="checkbox"/>
Date Spudded 8-30-81	Date Compl. Ready to Prod. 10-17-81	Total Depth 8,000	P.B.T.D.					
Elevations (DF, RNB, RT, GR, etc.) 3604 Ground Level	Name of Producing Formation Abo	Top Oil/Gas Fay 7,553	Tubing Depth 7,650					
Perforations 7553, 7554, 7560, 7561, 7562, 7564, 7638, 7639, 7640, 7641, 7642, 7646, 7647, 7648, 7649, 7650 - 16 Holes (.50 Dia.)	Depth Casing Shoe 8,000							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
26"	20"	30'	Redimix to Surface
17 1/2"	13-3/8"	358'	375 Sx.Cl.C-Circ.170 S
12 1/4"	8-5/8"	3237'	1150 Sx. Cement
7-7/8"	5 1/2"	8000.60'	1st Stg. 700sx.Pozmix Circ.140 Sx. 2nd Stg. 400 Sx. Habilit 200 sx.Cl.C-Circ.25

TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks 10-17-81	Date of Test 10-18-81	Producing Method (Flow, pump, gas lift, etc.) Flowing	
Length of Test 24 Hrs.	Tubing Pressure 50	Casing Pressure -0-	Choke Size 24/64
Actual Prod. During Test 240	Oil - Bbla. 240	Water - Bbla. -0-	Gas-MCF 110

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbla. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Tommy Phipps
Tommy Phipps (Signature)
Executive Vice President

October 22, 1981

(Date)

(Title)

OIL CONSERVATION DIVISION

NOV 2 1981

APPROVED _____, 19

BY *Tommy Phipps*
Tommy Phipps

TITLE _____

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deeper well, this form must be accompanied by a tabulation of the deviated tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for all wells on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of conditions.
Separate Forms C-104 must be filed for each pool in multi-completed wells.